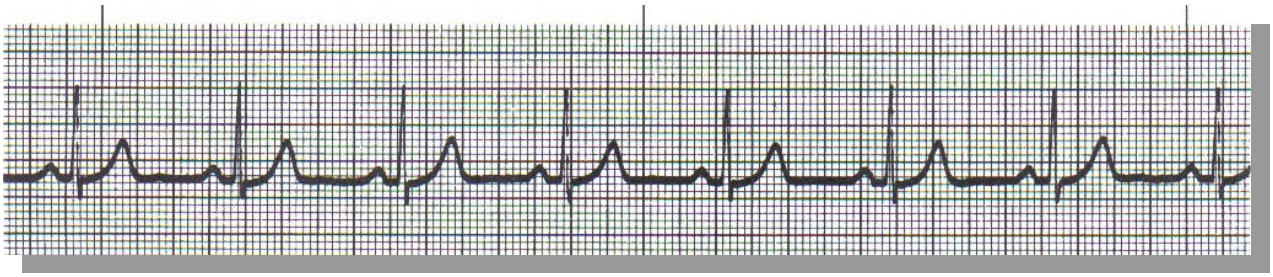
Rhythm Strips Analysis for Practice

Practice #1:

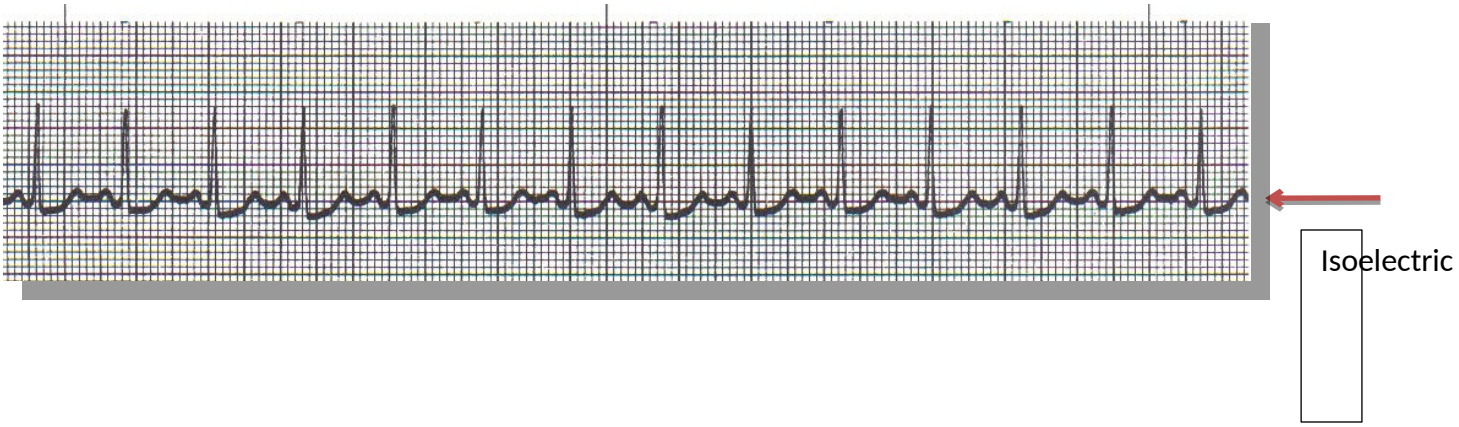


1. What is the Rate? *65 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *yes*
3. What is the width of the "QRS"? *0.08 seconds*
4. What is the length of the "PR" interval? *0.16 seconds*
5. What is the rhythm? *normal sinus rhythm*
6. Any complications with this rhythm? *No*
7. What interventions are anticipated? *Just keep monitoring → assess pulses, cap refill, BP, skin temp, and cyanosis. They could have PEA*

Practice #2

1. What is the Rate? *71 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *yes*
3. What is the width of the "QRS"? *0.08 seconds*
4. What is the length of the "PR" interval? *0.12 seconds*
5. What is the rhythm? *Sinus rhythm with inverted "T" wave*
6. Any complications with this rhythm? *arrythmias, electrolyte deficiency → especially magnesium and potassium levels also they could develop ischemia that can lead to advance injury or infarction*
7. What interventions are anticipated? *Renal panel, cardiac enzymes, 12 lead EKG, replace electrolytes according*

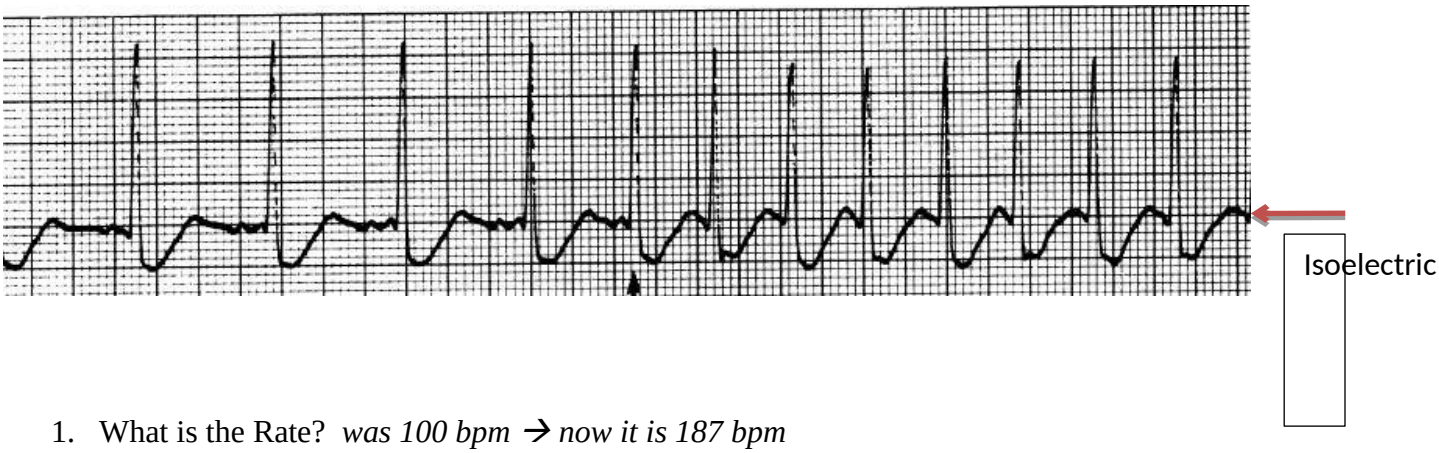
Practice #3



1. What is the Rate? *125 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a “P” wave with every “QRS” complex? yes
3. What is the width of the “QRS”? *0.08 seconds*
4. What is the length of the “PR” interval? *0.12 seconds*
5. What is the rhythm? *Sinus Tachycardia with slight depressed ‘ST’*
6. Any complications with this rhythm? *increased risk of stroke, lack of atrial kick, loss of filling times*
7. What interventions are anticipated? meds, coumadin → *anticoagulation, treat the cause* → *frever, pain, fear, anxiety and hypovolemia*

Rhythm Strips Analysis for Part I of Intro to EKG

Practice #4

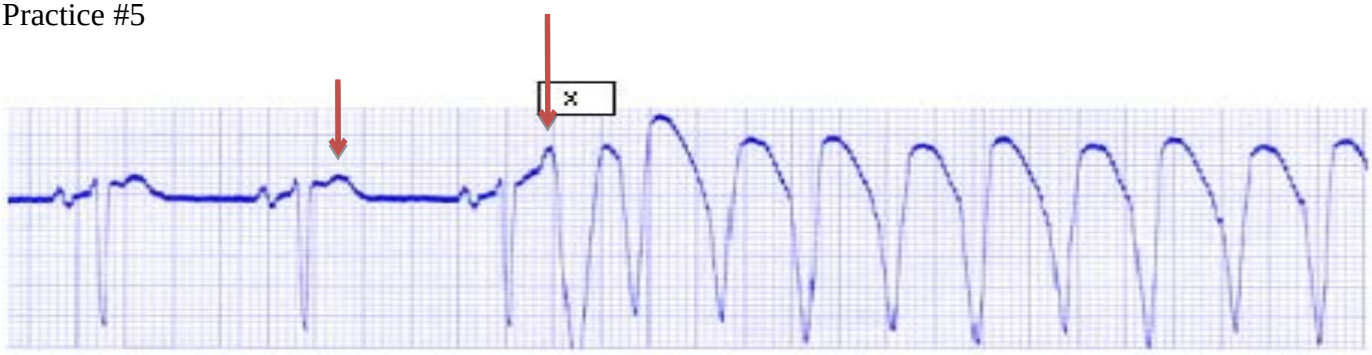


1. What is the Rate? *was 100 bpm → now it is 187 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *not identifiable*
3. What is the width of the "QRS"? *0.08 seconds*
4. What is the length of the "PR" interval? *No "PR" interval*
5. What is the rhythm? *Paroxysmal Atrial fibrillation with Rapid Ventricular Response (RVR)*
6. Any complications with this rhythm? *loss of atrial kick, decreased cardiac output and a low perfusion rate*
7. What interventions are anticipated? *give antiarrhythmic drug (amiodarone) decrease ventricular response → prevent stroke and cardioversion*

Rhythm Strips Analysis for Part I of Intro to EKG

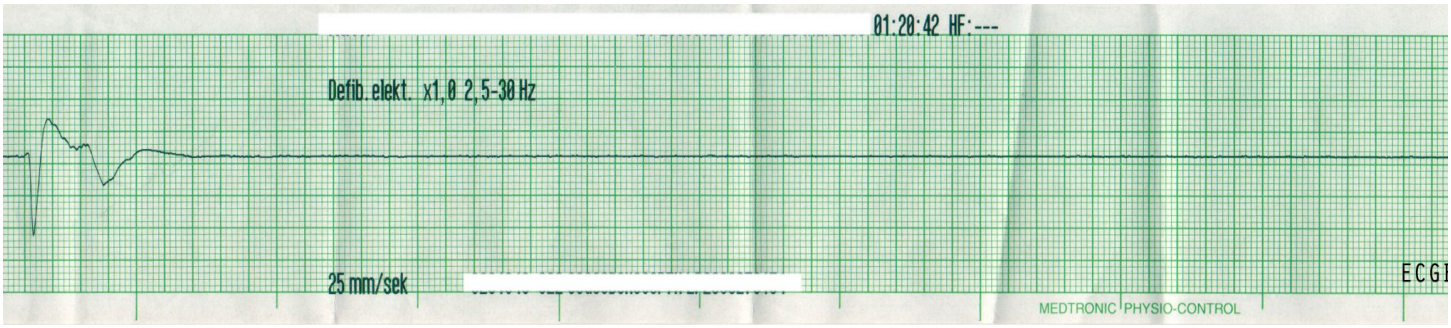
"T" wave

Practice #5



1. What is the Rate? *75 bpm → "R" on "T" phenomenon causing V-Tach*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *Yes*
3. What is the width of the "QRS"? 0.08 seconds → *0.32 seconds*
4. What is the length of the "PR" interval? *0.20 seconds*
5. What is the rhythm? *Ventricular tachycardia → "R" on "T" phenomenon*
6. Any complications with this rhythm? *Hypotension pulmonary edema decreased cerebral blood flow and cardiopulmonary arrest*
7. What interventions are anticipated? *CPR w/ ACLS/BLS protocol, have patient cough, bare down (vagal maneuver)*

Practice #6

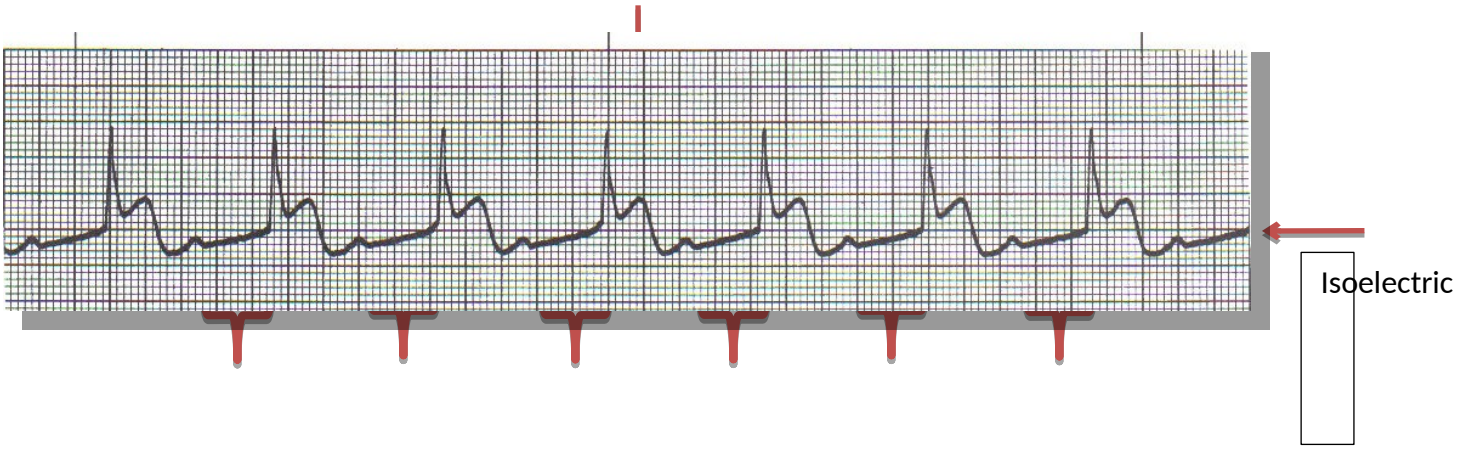


1. What is the Rate? *Assess the pt first, check if leads are attached, if pt is unresponsive then 0 bpm* (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *none*
3. What is the width of the "QRS"? *was 1 – 0.16 seconds*
4. What is the length of the "PR" interval? *none*
5. What is the rhythm? *a systole*
6. Any complications with this rhythm? *death*
7. What interventions are anticipated? *CPR, ACLS, drugs, intubation, Epi*

Practice #7

1. What is the Rate? *100 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *None*
3. What is the width of the "QRS"? *0.08 seconds*
4. What is the length of the "PR" interval? *Flutters 3:1, 4:1*
5. What is the rhythm? *Atrial flutter*
6. Any complications with this rhythm? *HF, increased risk for stroke, PE*
7. What interventions are anticipated? *Anticoagulant, beta blockers, calcium channel blockers, Cath lab → to get an abrasion or if patient has been in this rhythm < 48 hours or hemodynamically unstable – synchronized cardioversion. If > 48 hours and stable – anticoagulation therapy due to clot development risk for stroke and pulmonary embolus (PE)*

Practice #8



1. What is the Rate? *70 bpm*
   (Look at the atrial rate: P-P or ventricular rate: R-R)
2. Is there a "P" wave with every "QRS" complex? *yes*
3. What is the width of the "QRS"? *0.16 seconds*
4. What is the length of the "PR" interval? *0.48 seconds*
5. What is the rhythm? *Sinus rhythm with 1st degree AV block & "ST" elevation → MI*
6. Any complications with this rhythm? *Most 1st degree AV blocks are benign, but this patient has "ST" elevation → MI, this can result in death, intervene fast, notify physician*
7. What interventions are anticipated? *O2, aspirin, nitro, morphine, decrease activity load, cath la, resolve MI by resolving the 1st degree AV block*

You can do this!